MAY 20 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15460

1. PLACE OF DEATH
County New Madrid — Registration District No. 521 — File No. 56
Township East — Primary Registration District No. 6070 — Registered No.
City ..... (No. ..... St. ..... Ward) 5801

2. FULL NAME Jennie Rockett
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Blk.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Rockett.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-11-1882

7. AGE: 46 Years — Months: 11 — Days: 27 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Batesville
(STATE OR COUNTRY) Miss.

PARENTS
10. NAME OF FATHER Geo Mitchell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Batesville
(STATE OR COUNTRY) Miss
12. MAIDEN NAME OF MOTHER Betty Burns
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Batesville
(STATE OR COUNTRY) Miss

14. INFORMANT Geo. Rockett
(Address) Sikeston Mo

15. FILED 5/10/29 Walter E. Dunn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1929

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1929, to April 20, 1929, that I last saw her alive on Apr 20, 1929, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebro Meningitis
42 A
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) 71A
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A. A. Mayfield, M. D
Apr 24, 1929 (Address) Sikeston Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sunset addition
DATE OF BURIAL: 4-22 1929

20. UNDERTAKER: D. R. Dempster
ADDRESS: Sikeston, Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.